



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF MUNSTER

City of Hospital: Munster

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Community Hospital Munster

Email Address: msteffen@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$782720418
Outpatient Patient Service Revenue	\$1105243163
Total Gross Patient Service Revenue	\$1887963581

2. Deductions From Revenue

Contractual Allowance	\$1304046187
Other Deductions	\$35795751
Total Deductions	\$1339841938

3. Total Operating Revenue

Net Patient Service Revenue	\$548121643
Other Operating Revenue	\$20676470
Total Operating Revenue	\$568798113

4. Operating Expenses

Salaries and Wages	\$177448919	Employee Benefits	\$39209759
Depreciation and Amortization	\$23997678	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$277410660
Total Operating Expenses	\$518067016		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50731097	Total Assets	\$339676261
Net Non-operating Gains over Loss	\$-49734713	Total Liabilities	\$58502066

Total Net Gains	\$996384
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1005530972	\$798873662	\$206657310
Medicaid	\$225826101	\$171188798	\$54637303
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$656606509	\$333983727	\$322622782
Total	\$1887963582	\$1304046187	\$583917395

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$159410	\$-159410

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$344047	\$1407274	\$-1063227

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1990008	\$-1990008
Hospital Patients	\$0	\$0	\$0
Community Education	\$308205	\$2342605	\$-2034400

Number of Medical Professionals Trained	3,861
Number of Hospital Patients Educated	21,196
Number of Citizens Exposed to Health Education Messages	379,931

Statement Six: Charity Statement
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Hospital Charity Charges	\$20931735
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$71638	\$2268152	
HCI Payments	\$0		
Subtotal	\$71638	\$2268152	\$-2196514
Medicaid Shortfalls	\$55316116	\$87680180	
Subtotal	\$55387754	\$89948332	\$-34560578
DSH Payments	\$0		
Subtotal	\$55387754	\$89948332	\$-34560578
Medicare Shortfalls	\$217595890	\$266135245	
Other Government Programs	\$1413437	\$1881994	
Total	\$274397081	\$357965571	\$-83568490

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3663602	\$4402040	\$-738438
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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